FOOD STAMP VOLUNTARY QUIT QUESTIONNAIRE

To be completed if a household member is non-exempt from full-time work registration and quits his/her most recent job.

Name_________________________ quit a job on________________________

1. S/he was working less than 20 hours or more per week or earning less than $103.00 per week
   YES □ NO □

2. The quit was caused by a reduction in work hours while working for the same employer
   □ □

3. The quit was due to termination of self-employment enterprise
   □ □

4. S/he resigned from the job at employer’s demand
   □ □

5. S/he is on strike (other than a government employee)
   □ □

Explain the reason for quitting________________________________________

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Signature__________________ Date__________________

Signature of Worker who completed review __________________ Date__________

For County Use Only

The Worker does not have to determine if the household member quit without Good Cause and there is no disqualification for Food Stamps if the answer is “Yes” to Questions 1 - 5. (63-408)

If the Worker does have to determine if the household member quit with Good Cause, the Worker should refer to the Voluntary Quit issuance in the Food Stamp Handbook and M.S. 63-408 for more information before determining eligibility.